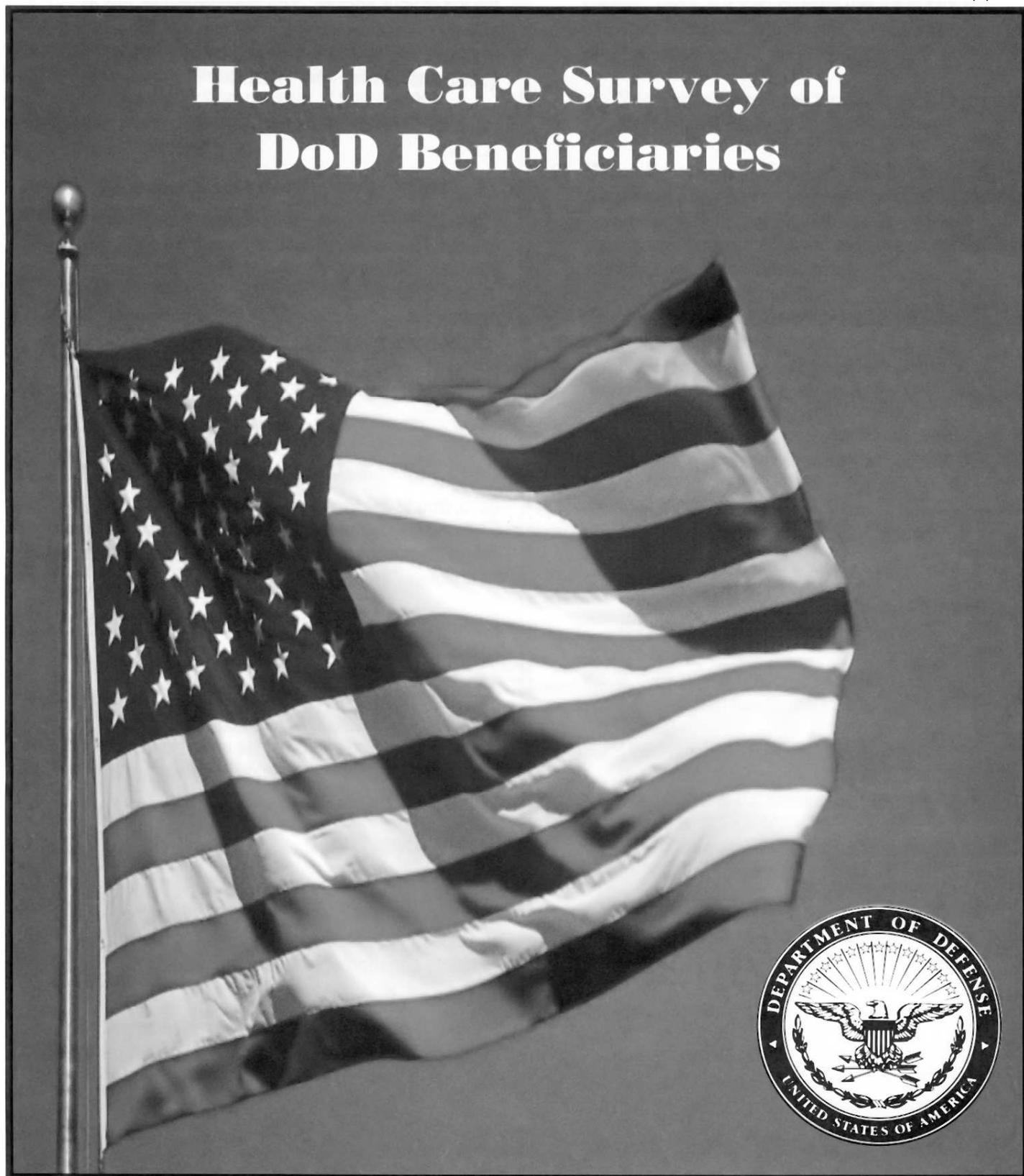


# Health Care Survey of DoD Beneficiaries



According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

**Authority:** 10 U.S.C., Chapter 55; Section 706, Public Law 102-484; E.O. 9397.

**Purpose:** This survey helps health policy makers gauge beneficiary satisfaction with the current military health care system and provides valuable input from beneficiaries that will be used to improve the Military Health System.

**Routine Uses:** None

**Disclosure:** Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

### YOUR PRIVACY

Your participation in this survey effort is very important. Your responses are confidential and your participation is voluntary. The number on the back of this survey is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

This is your opportunity to tell officials of your opinions and experiences with the current military health care system. It is also an opportunity to provide feedback and identify areas where improvements are needed.

*The survey processing center removes all identifying information before sending the results to the Department of Defense.*

*Your information is grouped with others and no individual information is shared. Only group statistics will be compiled and reported. No information about you as an individual will be disclosed.*

### SURVEY INSTRUCTIONS

Answer all the questions by checking the box to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → **Go to Question 42**  
 No

Please return the completed questionnaire in the enclosed postage-paid envelope within **seven days**. If the envelope is missing, please send to:

Office of the Assistant Secretary of Defense (Health Affairs)  
TMA/HPAE  
c/o Synovate Survey Processing Center  
PO Box 5030  
Chicago, IL 60680-4138

## SURVEY STARTS HERE

*As an eligible TRICARE beneficiary, please complete this survey even if you did not receive your health care from a military facility.*

*Please recognize that some specific questions about TRICARE benefits may not apply to you, depending on your entitlement and particular TRICARE program.*

*This survey is about the health care of the person whose name appears on the cover letter. The questionnaire should be completed by that person. If you are not the addressee, please give this survey to that person.*

**1. Are you the person whose name appears on the mailing label of this envelope?**

- Yes → **Go to Question 2**  
 No → Please give this questionnaire to the person addressed on the cover letter.

**2. By which of the following health plans are you currently covered? MARK ALL THAT APPLY.**

#### **Military Health Plans**

- TRICARE Prime (including TRICARE Prime Remote and TRICARE Overseas)  
 TRICARE Extra or Standard (CHAMPUS)  
 TRICARE Plus  
 TRICARE for Life  
 TRICARE Supplemental Insurance  
 TRICARE Reserve Select

#### **Other Health Plans**

- Medicare  
 Federal Employees Health Benefit Program (FEHBP)  
 Medicaid  
 A civilian HMO (such as Kaiser)  
 Other civilian health insurance (such as Blue Cross)  
 Uniformed Services Family Health Plan (USFHP)  
 The Veterans Administration (VA)  
 Government health insurance from a country other than the US  
 Not sure

**3. Which health plan did you use for all or most of your health care in the last 12 months? MARK ONLY ONE.**

- TRICARE Prime
- TRICARE Extra or Standard (CHAMPUS)
- TRICARE Plus
- TRICARE Reserve Select
- Medicare (may include TRICARE for Life)
- Federal Employees Health Benefit Program (FEHBP)
- Medicaid
- A civilian HMO (such as Kaiser)
- Other civilian health insurance (such as Blue Cross)
- Uniformed Services Family Health Plan (USFHP)
- The Veterans Administration (VA)
- Government health insurance from a country other than the US
- Not sure
- Did not use any health plan in the last 12 months → [Go to Question 5](#)

*For the remainder of this questionnaire, the term health plan refers to the plan you indicated in Question 3.*

**4. How many months or years in a row have you been in this health plan?**

- Less than 6 months
- 6 up to 12 months
- 12 up to 24 months
- 2 up to 5 years
- 5 up to 10 years
- 10 or more years

**5. In the last 12 months, have you visited a military treatment facility (MTF)?**

- Yes
- No

*The following questions ask you your opinion of MTFs. Please indicate how strongly you agree with the following statements. Please base your opinion on anything you have seen or heard about MTFs if you have not actually visited one.*

**6. MTFs are clean and sanitary.**

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

**7. MTFs have adequate parking.**

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

**8. MTFs have high quality equipment and furnishings.**

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

**9. It is easy to find clinics and doctors' offices at MTFs.**

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

**10. In the last 12 months, have you visited a civilian clinic, hospital, or doctor's office?**

- Yes
- No

*The following questions ask you your opinion of civilian facilities. Please indicate how strongly you agree with the following statements. Please base your opinion on anything you have seen or heard about civilian facilities if you have not actually visited one.*

**11. Civilian facilities are clean and sanitary.**

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

**12. Civilian facilities have adequate parking.**

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

13. Civilian facilities have high quality equipment and furnishings.

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

14. It is easy to find clinics and doctors' offices at civilian facilities.

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

15. When thinking about health care and the quality of the care that individuals receive, how would you say that the health care provided to individuals in the military compares to the health care provided in the civilian sector? Would you say...

- Health care in the military is much better
- Health care in the military is slightly better
- Health care in the military is about the same as the health care provided in the civilian sector
- Health care in the military is slightly worse
- Health care in the military is much worse
- Don't know

#### YOUR PERSONAL DOCTOR OR NURSE

The next questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

16. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as your personal doctor or nurse?

- Yes
- No → [Go to Question 19](#)

17. Using any number from 0 to 10, where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your personal doctor or nurse?

- 0 Worst personal doctor or nurse possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor or nurse possible
- I don't have a personal doctor or nurse

18. Did you have the same personal doctor or nurse before you joined this health plan?

- Yes → [Go to Question 20](#)
- No

19. Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

- A big problem
- A small problem
- Not a problem

#### GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, do not include dental visits.

20. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 12 months, did you or your doctor think you needed to see a specialist?

- Yes
- No → [Go to Question 22](#)

21. In the last 12 months, how much of a problem, if any, was it to see a specialist that you needed to see?

- A big problem
- A small problem
- Not a problem
- I didn't need a specialist in the last 12 months

22. In the last 12 months, did you see a specialist?

- Yes
- No → [Go to Question 24](#)

23. We want to know your rating of the specialist you saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

- 0 Worst specialist possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best specialist possible
- I didn't see a specialist in the last 12 months

### CALLING DOCTORS' OFFICES

24. In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

- Yes
- No → [Go to Question 26](#)

25. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?

- Never
- Sometimes
- Usually
- Always
- I didn't call for help or advice during regular office hours in the last 12 months

### YOUR HEALTH CARE IN THE LAST 12 MONTHS

26. In the last 12 months, where did you go most often for your health care? **MARK ONLY ONE ANSWER.**

- A military facility – This includes:  
Military clinic  
Military hospital  
PRIMUS clinic  
NAVCARE clinic
- A civilian facility – This includes:  
Doctor's office  
Clinic  
Hospital  
Civilian TRICARE contractor
- Uniformed Services Family Health Plan facility (USFHP)
- Veterans Affairs (VA) clinic or hospital
- I went to none of the listed types of facilities in the last 12 months

27. In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- Yes
- No → [Go to Question 30](#)

28. In the last 12 months, when you needed care right away for an illness, injury, or condition, how often did you get care as soon as you wanted?

- Never
- Sometimes
- Usually
- Always
- I didn't need care right away for an illness, injury or condition in the last 12 months

29. In the last 12 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?

- Same day
- 1 day
- 2 days
- 3 days
- 4-7 days
- 8-14 days
- 15 days or longer
- I didn't need care right away for an illness, injury or condition in the last 12 months

30. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 12 months, not counting the times you needed health care right away, did you make any appointments with a doctor or other health provider for health care?

- Yes
- No → [Go to Question 33](#)

31. In the last 12 months, not counting times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?

- Never
- Sometimes
- Usually
- Always
- I had no appointments in the last 12 months

32. In the last 12 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?

- Same day
- 1 day
- 2-3 days
- 4-7 days
- 8-14 days
- 15-30 days
- 31 days or longer
- I had no appointments in the last 12 months

33. In the last 12 months, how many times did you go to an emergency room to get care for yourself?

- None
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

34. In the last 12 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

- None → [Go to Question 47](#)
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

35. In the last 12 months, did you or a doctor believe you needed any care, tests, or treatment?

- Yes
- No → [Go to Question 37](#)

36. In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary?

- A big problem
- A small problem
- Not a problem
- I had no visits in the last 12 months

37. In the last 12 months, did you need approval from your health plan for any care, tests, or treatment?

- Yes
- No → [Go to Question 39](#)

38. In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?

- A big problem
- A small problem
- Not a problem
- I had no visits in the last 12 months

39. In the last 12 months, how often were you taken to the exam room within 15 minutes of your appointment?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months

40. In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months

41. In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months

42. In the last 12 months, how often did doctors or other health providers listen carefully to you?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months

43. In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months

44. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months

45. In the last 12 months, how often did doctors or other health providers spend enough time with you?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months

46. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

- 0 Worst health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health care possible
- I had no visits in the last 12 months

47. In general, how would you rate your overall mental or emotional health now?

- Excellent
- Very good
- Good
- Fair
- Poor

48. In the last 12 months, did you need any treatment or counseling for a personal or family problem?

- Yes
- No → [Go to Question 51](#)

49. In the last 12 months, how much of a problem, if any, was it to get the treatment or counseling you needed through your health plan?

- A big problem
- A small problem
- Not a problem

50. Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate your treatment or counseling in the last 12 months?

- 0 Worst treatment or counseling possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best treatment or counseling possible

### YOUR HEALTH PLAN

*The next questions ask about your experience with your health plan.  
By your health plan, we mean the health plan you marked in Question 3.*

51. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you. In the last 12 months, did you or anyone else send in any claims to your health plan?

- Yes
- No → [Go to Question 54](#)
- Don't know → [Go to Question 54](#)

52. In the last 12 months, how often did your health plan handle your claims in a reasonable time?

- Never
- Sometimes
- Usually
- Always
- Don't know
- No claims were sent for me in the last 12 months

53. In the last 12 months, how often did your health plan handle your claims correctly?

- Never
- Sometimes
- Usually
- Always
- Don't know
- No claims were sent for me in the last 12 months

54. In the last 12 months, did you look for any information about how your health plan works in written material or on the Internet?

- Yes
- No → [Go to Question 56](#)

55. In the last 12 months, how much of a problem, if any, was it to find or understand this information?

- A big problem
- A small problem
- Not a problem
- I didn't look for information from my health plan in the last 12 months

56. In the last 12 months, did you call your health plan's customer service to get information or help?

- Yes
- No → [Go to Question 58](#)

57. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

- A big problem
- A small problem
- Not a problem
- I didn't call my health plan's customer service in the last 12 months

58. In the last 12 months, did you have to fill out any paperwork for your health plan?

- Yes
- No → [Go to Question 60](#)

59. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?

- A big problem
- A small problem
- Not a problem
- I didn't have any experiences with paperwork for my health plan in the last 12 months

60. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- 0 Worst health plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health plan possible

### PREVENTIVE CARE

*Preventive care is medical care you receive that is intended to maintain your good health or prevent a future medical problem. A physical or blood pressure screening are examples of preventive care.*

61. When did you last have a blood pressure reading?

- Less than 12 months ago
- 1 to 2 years ago
- More than 2 years ago

62. Do you know if your blood pressure is too high?

- Yes, it is too high
- No, it is not too high
- Don't know

63. When did you last have a flu shot?

- Less than 12 months ago
- 1-2 years ago
- More than 2 years ago
- Never had a flu shot

64. Have you ever smoked at least 100 cigarettes in your entire life?

- Yes
- No → [Go to Question 70](#)
- Don't know → [Go to Question 70](#)

65. Do you now smoke every day, some days or not at all?

- Every day → [Go to Question 67](#)
- Some days → [Go to Question 67](#)
- Not at all → [Go to Question 66](#)
- Don't know → [Go to Question 70](#)

66. How long has it been since you quit smoking cigarettes?

- Less than 12 months → [Go to Question 67](#)
- 12 months or more → [Go to Question 70](#)
- Don't know → [Go to Question 70](#)

67. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 12 months

68. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 12 months

69. On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 12 months

70. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- Yes → [Go to Question 71](#)
- No → [Go to Question 72](#)
- Don't know → [Go to Question 72](#)

71. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

- Every day
- Some days
- Not at all
- Don't know

72. Do you currently use any tobacco products other than cigarettes, such as cigars, pipes, bidis, kreteks, or any other tobacco product?

*Note: Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries. Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.*

- Yes
- No
- Don't know

73. If you use tobacco products other than cigarettes, on how many visits in the last 12 months were you advised to quit by a doctor or other health provider in your plan?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 12 months
- I do not use other tobacco products

74. Are you male or female?

- Male → [Go to Question 81](#)
- Female

75. When did you last have a Pap smear test?

- Within the last 12 months
- 1 to 3 years ago
- More than 3 but less than 5 years ago
- 5 or more years ago
- Never had a Pap smear test

76. Are you under age 40?

- Yes → [Go to Question 78](#)
- No

77. When was the last time your breasts were checked by mammography?

- Within the last 12 months
- 1 to 2 years ago
- More than 2 but less than 5 years ago
- 5 or more years ago
- Never had a mammogram

78. Have you been pregnant in the last 12 months or are you pregnant now?

- Yes, I am currently pregnant → [Go to Question 79](#)
- No, I am not currently pregnant, but have been pregnant in the past 12 months → [Go to Question 80](#)
- No, I am not currently pregnant, and have not been pregnant in the past 12 months → [Go to Question 81](#)

79. In what trimester is your pregnancy?

- First trimester (up to 12 weeks after 1<sup>st</sup> day of last period) → [Go to Question 81](#)
- Second trimester (13<sup>th</sup> through 27<sup>th</sup> week)
- Third trimester (28<sup>th</sup> week until delivery)

80. In which trimester did you first receive prenatal care?

- First trimester (up to 12 weeks after 1<sup>st</sup> day of last period)
- Second trimester (13<sup>th</sup> through 27<sup>th</sup> week)
- Third trimester (28<sup>th</sup> week until delivery)
- Did not receive prenatal care

## ABOUT YOU

81. In general, how would you rate your overall health now?

- Excellent
- Very good
- Good
- Fair
- Poor

82. Are you limited in any way in any activities because of any impairment or health problem?

- Yes
- No

83. How tall are you without your shoes on? Please give your answer in feet and inches.

Example:

Height	
Feet	Inches
<u>5</u>	<u>6</u>
<input type="checkbox"/> 1	<input type="checkbox"/> 0
<input type="checkbox"/> 2	<input type="checkbox"/> 1
<input type="checkbox"/> 3	<input type="checkbox"/> 2
<input type="checkbox"/> 4	<input type="checkbox"/> 3
<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 4
<input type="checkbox"/> 6	<input type="checkbox"/> 5
<input type="checkbox"/> 7	<input checked="" type="checkbox"/> 6
	<input type="checkbox"/> 7
	<input type="checkbox"/> 8
	<input type="checkbox"/> 9
	<input type="checkbox"/> 10
	<input type="checkbox"/> 11

Height	
Feet	Inches
<input type="checkbox"/> 1	<input type="checkbox"/> 0
<input type="checkbox"/> 2	<input type="checkbox"/> 1
<input type="checkbox"/> 3	<input type="checkbox"/> 2
<input type="checkbox"/> 4	<input type="checkbox"/> 3
<input type="checkbox"/> 5	<input type="checkbox"/> 4
<input type="checkbox"/> 6	<input type="checkbox"/> 5
<input type="checkbox"/> 7	<input type="checkbox"/> 6
	<input type="checkbox"/> 7
	<input type="checkbox"/> 8
	<input type="checkbox"/> 9
	<input type="checkbox"/> 10
	<input type="checkbox"/> 11

84. How much do you weigh without your shoes on? Please give your answer in pounds.

Example:

Weight		
Pounds		
<u>1</u>	<u>6</u>	<u>0</u>
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 0
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 5
	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 7
	<input type="checkbox"/> 8	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 9

Weight		
Pounds		
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 5
	<input type="checkbox"/> 6	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 7
	<input type="checkbox"/> 8	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 9

85. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

86. Are you of Hispanic or Latino origin or descent? (Mark "NO" if not Spanish/Hispanic/Latino.)

- No, not Spanish, Hispanic, or Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish, Hispanic, or Latino

87. What is your race? (Mark ONE OR MORE races to indicate what you consider yourself to be.)

- White
- Black or African American
- American Indian or Alaska Native
- Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
- Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)

88. What is your age now?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

89. Currently, are you covered by Medicare Part A? Medicare is the federal health insurance program for people aged 65 or older and for certain persons with disabilities. Medicare Part A helps pay for inpatient hospital care.

- Yes, I am now covered by Medicare Part A
- No, I am not covered by Medicare Part A

90. Currently, are you covered by Medicare Part B? Medicare is the federal health insurance program for people aged 65 or older and for certain persons with disabilities. Medicare Part B helps pay for doctor's services, outpatient hospital services, and certain other services.

- Yes, I am now covered by Medicare Part B
- No, I am not covered by Medicare Part B

91. Currently, are you covered by Medicare supplemental insurance? Medicare supplemental insurance, also called Medigap or MediSup, is usually obtained from private insurance companies and covers some of the costs not paid for by Medicare.

- Yes, I am now covered by Medicare supplemental insurance
- No, I am not covered by Medicare supplemental insurance

**THANK YOU FOR TAKING THE TIME TO COMPLETE THE SURVEY!** Your generous contribution will greatly aid efforts to improve the health of our military community.

**Return your survey in the postage-paid envelope.** If the envelope is missing, please send to:

Office of the Assistant Secretary of Defense (HA)  
TMA/HPAE  
c/o Synovate Survey Processing Center  
PO Box 5030  
Chicago, IL 60680-4138

### Questions about the survey?

Email: [survey-dodq2@synovate.net](mailto:survey-dodq2@synovate.net)

Toll-free phone (in the US, Puerto Rico and Canada):  
**1-877-236-2390**, available 24 hours a day  
Toll-free fax (in the US and Canada): 1-800-409-7681

#### International Toll-Free numbers:

Germany: 0 800 182 1532  
Great Britain: 008 234 7139  
Japan: 0053 11 30 814  
South Korea: 003 0813 1286  
Mexico: 001 877 238 5171  
Philippines: 1 800 1116 2366

When calling or writing, please provide your name, address, and the 8-digit number above your address on the envelope.

### Questions about your TRICARE coverage?

For additional information on TRICARE, or if you are not sure about your benefits, or if you don't have a primary care manager; contact the TRICARE Service Center in your region:

North: 1-877-874-2273  
South: 1-800-444-5445  
West: 1-888-874-9378  
Outside the US: 1-888-777-8343

The website is:

[www.tricare.osd.mil/tricare-servicecenters](http://www.tricare.osd.mil/tricare-servicecenters)

Veterans: Contact the US Department of Veterans Affairs at **1-877-222-VETS**; or go to [www.va.gov](http://www.va.gov)